

GOVERNMENT OF THE DISTRICT OF COLUMBIA
District Department of the Environment
APPLICATION FOR
VOLUNTARY CLEANUP PROGRAM

Please submit to:

Toxic Substances Division, Land Remediation and Development Branch
51 N Street N.E., 6th Floor, Washington D.C. 20002-3315
(Please submit either by mail or in person)

**A SEPARATE APPLICATION MUST BE SUBMITTED FOR EACH
PARCEL OR EACH PARCEL OWNED BY A SEPARATE LEGAL ENTITY**

This application will be used to submit a request to participate in the Voluntary Clean-up Program. The information in this application will be used to determine eligibility of the Applicant and the site as provided for under Title III of the Brownfields Revitalization Amendment Act of 2000, D.C. Law 13-312, effective June 15, 2001.

Please type. Please answer each question completely. Please indicate "N/A" where a question is not applicable to the Applicant. Please include a cover letter for the application package.

Until the District has promulgated a final policy or final rulemaking the following interim fee procedure will be adopted. To offset the time spent by the DDOE, in review of ALL site information transmitted along with meetings and site visits, the Applicant will reimburse the District on a preset hourly fee. Time for each project will be recorded using the "Voluntary Cleanup Staff Accounting" form. The Voluntary Cleanup Program Coordinator will maintain this time accounting.

If you have any questions please contact DDOE.

INELIGIBLE APPLICANTS

If a determination is made that either Applicant or the site is ineligible for participation the application will be returned.

NOTIFICATION

DDOE shall approve or deny the application within 90 business days of its receipt. A request by DDOE for additional information shall toll the 90-day review period.

I. Property

Property Name Square 695, Lots 31 and 34

Address Lot 31 - 10 I Street SE
Lot 34 - 820 South Capitol Street SE (formerly 861 New Jersey Avenue SE)

City Washington DC Quadrant SE Zip Code 20003 Ward 6

Square # 0695 Lot # 031 and 034 Acreage Lot 31 = 0.7529844
Lot 34 = 1.9642792
Total = 2.715776

Has the site had any prior involvement with District or Federal environmental regulatory programs including notices of violation, orders, consent orders, enforcement actions, or environmental permits? (Y/N) Y

Lot 34 was formerly enrolled in VCP as Case 2006-014

Is the property listed on the National Priority List pursuant to the Comprehensive Environmental Response, Compensation, and Liability Act of 1980, 42 U.S.C. 9601 *et seq.*? (Y/N) N

Is the property subject of a current cleanup action by the Environmental Protection Agency or the DDOE?
(Y/N) N

Please include:

Permit numbers, dates, name(s) of program(s), name of regulated entity and
any other information known to the Applicant, and current pictures of the site.

II. Applicant

Name W. Christopher Smith Jr Title Member

(please list principal if corporate entity)

Corporation/Organization Square 695 LLC c/o WC Smith

Legal Form of Business Limited Liability Company (LLC)

Mailing Address c/o WC Smith 1100 New Jersey Avenue SE, Suite 1000

City Washington State DC Zip Code 20003

Telephone (202) 371-1220 Fax ()

E-mail BMcLaughlin@wcsmith.com Mobile (703) 896-6499

District of Columbia Corporation (Y/N) Y Out of state entity (Y/N)
(please attach copy of certificate) (please attach copy of D.C. business certificate)

Is the Applicant applying for or does the Applicant plan to apply for grants, loans or property tax credits available for the redevelopment of Brownfields in the District per Title VII Cleanup Incentives of the Act? (Y/N) N

Has the Applicant had any prior involvement with District or Federal environmental regulatory programs including notices of violation, orders, consent orders, enforcement actions, or environmental permits? (Y/N) Y (please attach copies of any information listed) **Prior VCP Cases, no NOV's, CO's, or Enforcement Actions**

Please include:

List of the financial incentives for which you are planning to apply.
Permit numbers, dates, name(s) of program(s), name of regulated entity and any other information known to the Applicant.

III. Current Property Owner

Lot 31

Name: Timothy O. Temple
Title: President

Corporation: Capitol Hill Racquet Club, Inc.
Legal form of Business: Corporation

Mailing Address:
228 9th Street, SE
Washington, DC 20003

Telephone: 202-409-4540
Email: splashdc1@gmail.com

District of Columbia Corporation: NO
Out of State Entity: YES

Lot 34

Name: Coley J. Campbell, PG
Title: Senior Manager Environmental & Property Management

Corporation: CSX Transportation, Inc.
Legal form of Business: Corporation

Mailing Address:
6737 Southpoint Drive S, #100,
Jacksonville, FL 32216

Telephone: 904-279-3923
Email: Coley_j_Campbell@csx.com

District of Columbia Corporation: NO
Out of State Entity: YES

IV. Other Contacts

Consultant

Name John Diehl Title Sr. Project Manager
(please list principal if corporate entity)

Corporation/Organization ECC, Inc.

Mailing Address 43045 John Mosby Highway

City Chantilly State VA Zip Code 20152

Telephone (703) 327-2900 Fax ()

E-mail John.Diehl@eccfirst.com

Project Manager

NA

Name _____ Title _____
(please list principal if corporate entity)

Corporation/Organization _____

Mailing Address _____

City _____ State _____ Zip Code _____

Telephone () _____ Fax ()

E-mail _____

V. Applicant's Interest in Property

Do you own this property? (Y/N) N
(Include copy of deed)

Are you under contract to purchase the property? (Y/N) Y

Are you under contract to sell the property? (Y/N) N

If under contract to sell or purchase the property, has a settlement date been scheduled? (Y/N) Y Date: 9/2/2021

Are you renting or leasing the property? (Y/N) N

Are you considering renting or leasing the property? (Y/N) N

Are you a holder of a mortgage, deed, trust or other security interest in the property? (Y/N) N

Place an "X" in the appropriate blank.

X Intend to develop site for personal or business purposes.

 Intend to conduct an investigation of site prior to acquisition or development.

 Neighboring property owner who was unable to obtain relief from the responsible party.

VI. Current Property Use

Place an "X" in the appropriate blank.

<input type="checkbox"/> Residential	<input type="checkbox"/> Underutilized
<input type="checkbox"/> Industrial	<input checked="" type="checkbox"/> Undeveloped
<input checked="" type="checkbox"/> Commercial	<input type="checkbox"/> Idle/Inactive
<input type="checkbox"/> Mixed-Use	<input type="checkbox"/> Other (explain) _____
<input type="checkbox"/> Abandoned	_____

Current operations on property Lot 31 - Carwash. Lot 34 - None/Vacant

Current Operator Lot 31- Timothy O. Temple Title President
(please list principal if corporate entity)

Number of Employees Not Provided Type of work performed by employees Carwash

Recorded deed restrictions on property (Y/N) N If yes, explain _____

Are hazardous substances used, generated, treated, stored, disposed or released at the property? (Y/N) N

If yes, explain _____

Please include:

Permits for release of hazardous substances.
Copies of Toxic Release Inventory (TRI).
Copies of permits for hazardous waste generation.
Any other relevant local and federal registrations.
Site map that describes the location(s) of building(s) and operation(s).

VII. Historical Property Use

Have there ever been any hazardous substances used, generated, treated, stored, disposed of, or discharged at the property? (Y/N) Y

If yes, explain Former electrical substation, likely former use of PCBs

Please list all categories of contaminants that are known to exist on the property (i.e. solvents, metals, inorganics, organics): Petroleum, Metals, PCBs

Please include:

All available historical information on the property.
Previous owners and lessors, uses and dates of transfer of ownership of the property.
Results of a title search for the property.

CERTIFICATION OF FINANCIAL RESPONSIBILITY

Square 695, LLC hereby certifies that he/she/it is in compliance with the financial
[Applicant]

responsibility requirements of 20 DCMR Chapter 67.

The financial assurance mechanism(s) used to demonstrate financial responsibility under 20 DCMR Chapter 67 are as follows:

[Type of mechanisms] _____

[Name of issuer] _____

[Mechanism number (if applicable)] _____

[Amount of coverage] \$50,000

[Effective period of coverage] _____

Whether mechanism covers "taking correction action" or compensating third parties for bodily injury and property damage caused by either "sudden accidental releases" or "nonsudden accidental releases."

[Signature of Applicant] W. Christopher Smith

[Name of Applicant] W. Christopher Smith

[Title] Member, Square 695, LLC

[Date] 8/25/2021

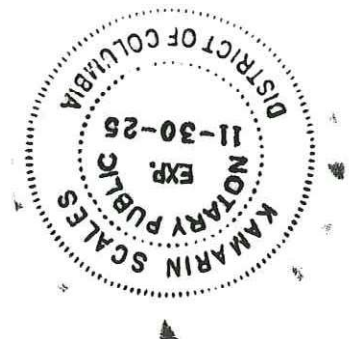
[Signature of witness or notary] Kamarin Scales

[Name of witness or notary] Kamarin Scales

[Date] 8/25/2021

The Applicant must update this Certification whenever the financial assurance mechanism(s) used to demonstrate financial responsibility changes.

KAMARIN SCALES
NOTARY PUBLIC DISTRICT OF COLUMBIA
My Commission Expires November 30, 2025



VIII. Future Property Use

Place an "X" in the appropriate blank.

☒ Unlimited
☐ Residential
☐ Mixed Use
☐ Commercial
☐ Industrial
☐ Undetermined

Please include:

Description of the future use of the property.
Include timelines, types of operations, number of potential employees.
Construction and site plans.

Statement of Certification

I certify under penalty of law that the information provided in this application is, to the best of Applicant's knowledge and belief, accurate and complete.

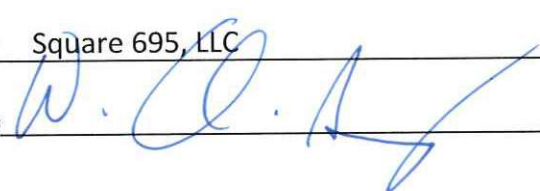
I certify that I am the Applicant or an authorized representative of the Applicant.

I certify that all information on environmental conditions relevant to the site and known to the Applicant is included in this application.

By signing below the Applicant, or the authorized representative acting on behalf of the Applicant, agrees to pay all invoices for the costs of services provided by the DDOE when billed.

Printed Name W. Christopher Smith

Company Square 695, LLC Title Member

Signature  Date 8/25/2021

OFFICE USE

Documents Received by: _____ VCP Case No. _____

Date: _____ Approved _____ Not Approved _____ Resubmit _____

Additional Information Required: _____